

CONTINENTAL CASUALTY COMPANY
(A stock insurance company, hereinafter called the "Company")

Administrative Office:
P.O. Box 6709
Louisville, Kentucky 40206-0709
(502) 897-1876
(800) 637-7319

**REAL ESTATE LICENSEES ERRORS AND OMISSIONS
DECLARATIONS**

THIS IS A CLAIMS-MADE POLICY. PLEASE READ THIS POLICY CAREFULLY.

NOTICE: THIS IS A CLAIMS-MADE POLICY. EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN THIS COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS WHICH ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY WHILE THE POLICY IS IN FORCE.

Policy Number: **04 EO 0013KY**

ITEM 1. POLICYHOLDER: The Kentucky Real Estate Commission on behalf of its **Licensees** who hold an active real estate license issued by the Kentucky Real Estate Commission under the Kentucky Real Estate License Law, KRS Chapter 324 and Chapter 201 KAR 11:220 of the Kentucky Administrative Regulations and who have paid the required premium

ITEM 2. GROUP POLICY PERIOD: From April 1, 2004 To April 1, 2005 (12:01 A.M. Standard Time at the Address stated in Item 1)

ITEM 3. LIMITS OF LIABILITY (a) \$100,000 per **Licensee** per **Claim**
(b) \$1,000,000 Aggregate per **Licensee**

ITEM 4. DEDUCTIBLES

DAMAGES	\$ - 0 - each Claim
CLAIM EXPENSES	\$ - 0 - each Claim

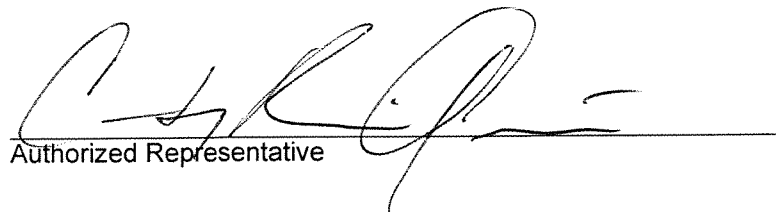
ITEM 5. PREMIUM \$123.00 per **Licensee**

ITEM 6. RETROACTIVE DATE As determined for each **Insured** according to the policy

This insurance does not apply to any claim or claims made against the **Insured** based upon, arising out of, or attributable to any negligent act, error, or omission committed or alleged to have been committed prior to the **Retroactive Date** listed above.

ITEM 7. OPTIONAL EXTENDED REPORTING ADDITIONAL PREMIUM: One Year is 100% expiring premium (\$123.00); Two Years is 150% expiring premium (\$184.50); Three Years is 200% expiring premium (\$246.00)

The Declarations and the forms listed and attached hereto, together with the completed and signed application shall constitute the contract between the **Insured** and the Company.


Authorized Representative

4-1-04
Date